

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90158 004 ****50.00

DOCUMENT # L03000040470

1. Entity Name
SCOTT D. BONK, LLC



Principal Place of Business
**11691 GATEWAY BOULEVARD, SUITE 105
FORT MYERS, FL 33913**

Mailing Address
**11691 GATEWAY BOULEVARD, SUITE 105
FORT MYERS, FL 33913**

DO NOT WRITE IN THIS SPACE



01162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
57-1190610

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BONK, SCOTT D
11691 GATEWAY BOULEVARD, SUITE 105
FORT MYERS, FL 33913**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCOTT D. BONK AND ASSOCIATES, INC.
STREET ADDRESS	11691 GATEWAY BOULEVARD, SUITE 105
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	MGR
NAME	SCOTT D. BONK
STREET ADDRESS	12770 ALLENDALE CIRCLE
CITY-ST-ZIP	FORT MYERS FLORIDA 33912
TITLE	MGR
NAME	SHIRLEY M. BONK
STREET ADDRESS	12770 ALLENDALE CIRCLE
CITY-ST-ZIP	FORT MYERS, FLORIDA 33912
TITLE	JEFFREY S. BONK
NAME	19491 POPPY TRGE COURT
STREET ADDRESS	LEHIGH ACRES, FLORIDA 33936
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SCOTT D. BONK

1-17-06

2397683654

Date

Daytime Phone #